

# STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

#### PLEASE PRINT

I. Name of Lobbyist(s):	f Lobbyist(s): Lisa K. Shapiro, Ph.D.; Paul A. Worsowicz; Heidi L. Kroll; Erik W. Taylor; Sara K. Bosiak			
II. Name of Lobbyist's p	artnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN 214 North Main Street, Co			
603-228-118			-	
(Telephone	(Fax)	(Email)		
	es: (Choose one – file separate reports fo actions which are not attributable to any	or each client, OR you may file a separate report for one client.)	r	
All reportable trans	sactions occurring in the month prior to the	reporting date relative to the following client.		
	NORTHEAST REHABILITATIO		_	
!	(Full Name of Client as it appears on the Le	obbyist Registration Form)		
All reportable transum unrelated to any pa	• • • • •	yist's family), or the lobbying firm listed below which	1 are	
IV. Date of Report:	April 26, 2017 🔀	July 26, 2017 □		
-	ty from date of registration to 3/31/17	activity from 4/1/17 to 6/30/17		
•	October 25, 2017	January 24, 2018 □		
act	ivity from 7/1/17 to 9/30/17	activity from 10/1/17 to 12/31/17		
	es received and no reportable transaction plete just this form and submit it to the Sec.	ons made since the last report.  Fretary of State's Office, State House, Room 204,		
VI. Check if additional i	reports are attached:			
	ed fees or made expenditures, you must file	Addendum A – Fees and Expenses		
	• • •	must file Addendum B – Report of Honorariums or		
If you, your firm, o	or your family has made political contribution	ions, you must file Addendum C – Political Contribut	tions	
Sworn Statement/Affirms I have read RSA 15, RSA to the best of my knowledge	15-B and RSA 664 and hereby swear or aff	firm that the foregoing information is true and complete	te	
A 28	n-	4-24-17		
(Signature of Lobbyist)		(Date)		
Lisa K. Shapiro, Ph.D.	•	RECEIVED		
(Print Name of lobbyist)				

APR 2 6 2017

NEW HAMPSHIRE DEPARTMENT OF STATE



#### STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

	(RSA Chapter 15:6)  Lisa K. Shapiro, Ph.D.; Paul A. Worsowicz; Heidi L. Kroll; Erik W. Taylor; Sara K. Bosiak			
I. Name of Lobbyist(s)				
II. Name of lobbyist's p	partnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & GARTRE	LL, P.C.		
	(Name of partnership, firm or corporati			
III. Name of Client	NORTHEAST REHABILITATION HEALTH NETWORK	Date	April 26, 20	017
lobbying, including fees	nt of all fees received from the client identified above for services such as public advocacy, government relatoring legislation, and related legal work. The gross f	ations, or p	ublic relation	is services,
a) Total of all fees recei	ved in this reporting period		a) \$	15,250.00
	ved this calendar year, prior to this reporting period. he total prior monthly reports for this calendar year.)		b) \$ 	0.00
c) Total of all fees recei (Add lines a and b)	ved to date.		c) \$	15,250.00
d) Indicate the amount of yet been paid.	of any such fees that are due, but have not		d) \$	0.00
fees. Separate reports a lobbyist(s)/firm that are are to be reported in on reporting period for sal expenses where the expethe cost was \$25.00 or lepurchase of a ceremonia statement of each individual covered by (a) (for examgiven to the subject of legislative reception).	artnerships, firms, or corporations are required to refer to be filed for expenditures made relative to each clumrelated to any one client a separate report may be see of three categories of expenses: (a) the aggregatives, benefits, support staff, and office expenses; (enditure was of \$25.00 or less (for example: meals pless, purchase of a pen with a value of less than \$10 the climate of the properties of a meal with value of greater than \$20 the climate of a meal with value of greater than \$20 the climate of the purchase of a meal with value of greater than \$20 the climate of the properties of the	lient and if filed for the total of the total of b) the aggurchased chat is given of \$25.00 greater the character than \$	expenditures the lobbyist(s) all expenses gregate total during a busing to the person or less); an an \$25.00 for see of a cerem \$50, restaurant	s are made by the highlight of all individual ness lunch where on being lobbied (c) an itemized r any purpose not onial object to be not expenses for a
	nses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying.	a) \$		15,000.00

support staff, and office expenses, related directly or indirectly to lobbying.	ω, ψ	15,000.00
	b) \$	
b) Total aggregate of expenditures during this reporting period, not reported		
in a), of \$25 or less.		0.00
	c) \$	
c) Total of all itemized expenditures reported in detail in section VI.		250.00

Client: NORTHEAST REHABILITATION HEALTH NETWORK		
d) Total expenses for this reporting period.  (Add lines a, b and c.)	d) \$	15,250.00
e) Total of expenses paid this calendar year, prior to this reporting period.  (This should be the amount on line f of addendum A for last month's report.)	e)\$	0.00
f) Total of all expenses year to date.	f) \$ _	15,250.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobb period, including by whom paid or to whom charged.	ying fees during this	reporting
Paid to:		ount
State of NH	\$	250.00
	\$	
	<u>\$</u>	
	<del>0</del>	
	Ψ	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm the	nat the foregoing in	nformation
is true and complete to the best of my knowledge and belief.		
A/L8~	4-24-	-1)
(Signature of lobbyist)	(Date)	

Lobbyist Fees & Expenses, Addendum A - Page 2

Lisa K. Shapiro, Ph.D. (Print Name of Lobbyist)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Paul A. Worsowicz (Print Name of lobbyist)

Sworn Statement/Affit Statement of Income a	•		
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.			
	lank if Statement is for ortheast Rehabilitation	-	rporation and not related to any
Date of Report (check o	one):		
April 26, 2017 🔀	July 26, 2017 🗆	October 25, 2017 🗆	January 24, 2018 □
		Statement of Income and Exement (insert the number of	Addendum forms being
1 Addendum A(s).			
0 Addendum B(s).			
0 Addendum C(s).			
I hereby swear or affirm complete to the best of a			nd each Addendum is true and
Jasten	pon uy		4-20-17
(Signature of Lobbyist)			(Date)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Statement of Income and Expenses for:  Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.			
Date of Report (che	ck ano).		
Dute of Report (che	ch onej.		
April 26, 2017 🔀	July 26, 2017 □	October 25, 2017 🗆	January 24, 2018 □
	RSA 15-B, RSA 664, the S ns submitted with that State		spenses described above, and the Addendum forms being
1 Addendum A(	s).		
0 Addendum B(	s).		
_0 Addendum C(	s).		
	firm that the foregoing inforce of my knowledge and belie		nd each Addendum is true and
	<b>.</b>		
Hadi I	16sl		4/20/17
(Signature of Lobb	yist)		(Date)
Heidi L. Kroll		<u></u>	
(Print Name of lob	byist)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Statement of Income a	• •		
Name of Lobbying part	nership, firm or corpora	tion: GALLAGHER, CAL	LLAHAN & GARTRELL, P.C.
•	olank if Statement is for ortheast Rehabilitation	· ·	rporation and not related to any
Date of Report (check	one):		
April 26, 2017 🔀	July 26, 2017 🗆	October 25, 2017 🗆	January 24, 2018 □
	•	Statement of Income and Exement (insert the number of	spenses described above, and the Addendum forms being
1 Addendum A(s).			
0 Addendum B(s).			
0 Addendum C(s).			
•	n that the foregoing info my knowledge and beli		nd each Addendum is true and
Sau K. T	Bisiak		4   19   17 (Date)
(Signature of Lobbyist	)		(Date)
Sara K. Bosiak			
(Print Name of lobbyi	St)		